

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

Attorney's Docket No.
5367-163PUS

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPTOELECTRONIC COMPONENT AND A MODULE BASED THEREON

the specification of which (check only one item below)

☐ is attached hereto

☒ was filed as United States application

Serial No. 10/529,626 ✓

on 30 March 2005 ✓

and was amended in the Preliminary Amendment filed concurrently with the application

on _ (if applicable).

☐ was filed as PCT international application

Number PCT/DE2003/003240 ✓

on 29 September 2003 ✓

and was amended under PCT Article 19

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Country (if PCT, indicate "PCT")	Application Number	Date of Filing (day, month, year)	Priority Claimed Under 35 U.S.C. 119	
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Send correspondence to <u>Cohen, Pontani, Lieberman & Pavane</u> at the address for the following <u>customer Number: 27799</u>				Direct Telephone calls to: (name and telephone number) <u>Thomas Langer</u> <u>(212) 687-2770</u>
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.				
1-00 2 0 1	FULL NAME OF INVENTOR	FAMILY NAME <u>BOGNER</u>	FIRST GIVEN NAME <u>Georg</u>	SECOND GIVEN NAME
	RESIDENCE, CITIZENSHIP	CITY <u>Lappersdorf</u> <u>DEX</u>	STATE OR FOREIGN COUNTRY <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>Germany</u> ✓
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Am Sandhügel 12</u>	CITY <u>Lappersdorf</u>	STATE & ZIP CODE/COUNTRY <u>93138 Germany</u>
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME <u>KROMOTIS</u>	FIRST GIVEN NAME <u>Patrick</u>	SECOND GIVEN NAME
	RESIDENCE, CITIZENSHIP	CITY <u>Regensburg</u>	STATE OR FOREIGN COUNTRY <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>Germany</u>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Agnesstrasse 17</u>	CITY <u>Regensburg</u>	STATE & ZIP CODE/COUNTRY <u>93049 Germany</u>
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME <u>MAYER</u>	FIRST GIVEN NAME <u>Ralf</u>	SECOND GIVEN NAME
	RESIDENCE, CITIZENSHIP	CITY <u>Bolanden</u>	STATE OR FOREIGN COUNTRY <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>Germany</u>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Am Gerbach 5b</u>	CITY <u>Bolanden</u>	STATE & ZIP CODE/COUNTRY <u>67295 Germany</u>
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME <u>NOLL</u>	FIRST GIVEN NAME <u>Heinrich</u>	SECOND GIVEN NAME
	RESIDENCE, CITIZENSHIP	CITY <u>Gross-Umstadt</u>	STATE OR FOREIGN COUNTRY <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>Germany</u>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Uhlandstra. 7</u>	CITY <u>Gross-Umstadt</u>	STATE & ZIP CODE/COUNTRY <u>64832 Germany</u>
5-00 2 0 5	FULL NAME OF INVENTOR	FAMILY NAME <u>WINTER</u>	FIRST GIVEN NAME <u>Matthias</u>	SECOND GIVEN NAME
	RESIDENCE, CITIZENSHIP	CITY <u>Regensburg</u> <u>DEX</u>	STATE OR FOREIGN COUNTRY <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>Germany</u> ✓
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Höllbachstrasse 3e</u>	CITY <u>Regensburg</u>	STATE & ZIP CODE/COUNTRY <u>93059 Germany</u>

Rec'd PCT/PTO 23 NOV 2005

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SIGNATURE OF INVENTOR 201 <i>Frederic Bogu</i>	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE <i>June 10/8/2005</i>	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205 <i>Matthias Zets</i>	SIGNATURE OF INVENTOR 206
DATE	DATE <i>June 10/8/2005</i>	DATE
Additional inventor(s) name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

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201	FULL NAME OF INVENTOR	FAMILY NAME BOGNER	FIRST GIVEN NAME Georg	SECOND GIVEN NAME
	RESIDENCE, CITIZENSHIP	CITY Lappersdorf	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Am Sandhügel 12	CITY Lappersdorf	STATE & ZIP CODE/COUNTRY 93138 Germany
202	FULL NAME OF INVENTOR	FAMILY NAME KROMOTIS	FIRST GIVEN NAME Patrick	SECOND GIVEN NAME
	RESIDENCE, CITIZENSHIP	CITY Regensburg <i>DeX</i>	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Agnesstrasse 17	CITY Regensburg	STATE & ZIP CODE/COUNTRY 93049 Germany
203	FULL NAME OF INVENTOR	FAMILY NAME MAYER	FIRST GIVEN NAME Ralf	SECOND GIVEN NAME
	RESIDENCE, CITIZENSHIP	CITY Bolanden	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Am Gerbach 5b	CITY Bolanden	STATE & ZIP CODE/COUNTRY 67295 Germany
204	FULL NAME OF INVENTOR	FAMILY NAME NOLL	FIRST GIVEN NAME Heinrich	SECOND GIVEN NAME
	RESIDENCE, CITIZENSHIP	CITY Gross-Umstadt	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Uhlandstra. 7	CITY Gross-Umstadt	STATE & ZIP CODE/COUNTRY 64832 Germany
205	FULL NAME OF INVENTOR	FAMILY NAME WINTER	FIRST GIVEN NAME Matthias	SECOND GIVEN NAME
	RESIDENCE, CITIZENSHIP	CITY Regensburg	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Höllbachstrasse 3e	CITY Regensburg	STATE & ZIP CODE/COUNTRY 93059 Germany

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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202 <i>Patrice L. Monahan</i>	SIGNATURE OF INVENTOR 203
DATE	DATE <i>14 June 2005</i>	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE
Additional inventor(s) name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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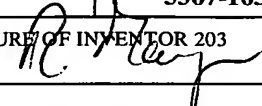
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DATE	DATE	DATE 06/24/2005
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DATE	DATE	DATE
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DATE <i>June 17th 2005</i>	DATE	DATE
Additional inventor(s) name(s) & address(es) attached? [] Yes [x] No		